Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Committee to Elect Chris Cumings for U.S. Senator 3856 Denali Ave #1 ADDRESS (number and street) (Check if address is changed) Ketchikan 99901 ΑK CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ccc4senate@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00746198 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Cumings, Christopher, , , Type or Print Name of Treasurer Cumings, Christopher, , , [Electronically Filed] 05 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

EEO F	1 (Pavisad 02/2000)	Page 2			
	COMMITTEE	Page 2			
Candidate	lidate Committee:				
(a) <b>x</b>	This committee is a principal campaign committee. (Complete the candidate information below	.)			
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Corinformation below.)	mplete the candidate			
Name of Candidate	Cumings, Christopher, , ,				
Candidate Party Affiliat	ion NON Office Sought: House X Senate President	State AK District 00			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Cor	arty Committee:				
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political A	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fund	draising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate				
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
Com	nmittees Participating in Joint Fundraiser				
1.	FEC ID number				
2.	FEC ID number				
3.	FEC ID number				
4.					

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W	/rite or Type Committee Nan	ne	
(	Committee to E	Elect Chris Cumings for U.S. Senator	•
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
N	ONE		
	Mailing Address		
	Walling Address		
		CITY	ZID CODE
		CITY STATE	ZIP CODE
	Relationship: Connecte	ted Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the p	person in possession of committee
	Cumings	s, Christopher, , ,	
	Full Name	,3856 Denali Ave #1	
	Mailing Address		
		Ketchikan   AK	99901
	Title or Position	CITY STATE	ZIP CODE
		Telephone number	405 - 740 - 8021
3.	<b>Treasurer:</b> List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	; and the name and address of
	Full Name Cumings of Treasurer	s, Christopher, , ,	
	Mailing Address	3856 Denali Ave #1	
		Ketchikan     AK	99901
		CITY STATE	ZIP CODE
	Title or Position		405   740   8021
_		Telephone number	

9.

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Full Name of Designated Agent	Cumings, Christopher, , ,						
Mailing Address	3856 Denali Ave #1						
	Ketchikan AK 99901	.  -					
	CITY STATE ZIF	P CODE					
Title or Position		0 - 8021					
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.							
	AlaskaUSA FCU						
Mailing Address	2417 Tongass Ave						
	Ketchikan AK 99901						
	CITY STATE ZII	P CODE					
Name of Bank, Depository, etc.							
Mailing Address							
	CITY STATE ZII	P CODE					